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# **Executive Summary**

This report reviews the international process created to resolve Holocaust-era insurance claims. After almost six decades, moral and legal claims against European insurers have been reasserted by survivors and heirs of victims. Since 1997, new revelations about the failure to honor insurance contracts and the looting of insurance assets by the Nazis have been brought to the public's attention.

Pressure from class action lawsuits, American insurance regulators and others led to the creation of the International Commission on Holocaust-era Insurance Claims (ICHEIC) in 1998. ICHEIC has conducted outreach in the U.S. and abroad, worked on developing standards to resolve claims, to audit companies, and to make public policyholder names.

### Disappointing Lack of Progress In Resolving Holocaust-era Claims

Almost halfway into the two-year worldwide Holocaust-era insurance claims process, results have been disappointing.

- Seventy percent of well-documented "fast-track" claims presented have been denied and of the regular claims submitted, 95% have been rejected.
- ICHEIC's own study of the high denial rate has found companies are reinterpreting "relaxed standards of proof", and in some cases are ignoring ICHEIC rules, placing the integrity of the claims process in jeopardy. These problems require immediate attention.
- Many claims remain on indefinite "hold," due to ICHEIC's failure to adopt claims-handling standards for German companies and other unresolved issues. A quarter of "fast-track" claims and about 70% of regular claims are currently suspended almost one full year into the process.
- German insurers now seek special advantages that would reduce liability for unpaid claims, exempt companies from independent audits and limit publication of names.

# Insurers Continue to Resist Publication of Policyholder Names That Could Uncover Additional Valid Claims

Success in locating all valid claims depends on publication of Holocaust-era policyholder names. Without this information, thousands of potential claimants will never learn of the existence of a policy and their right to recover family assets.

Delay or evasion of the obligation to publish unpaid Holocaust-era policyholder names can suppress claims. ICHEIC has only published 9,200 names that insurers claim are those of unpaid Holocaust victims, yet millions more names are in the possession of Holocaust-era insurers which may constitute valid claims that will remain unpaid if they never see the light of day.

# "Legal Peace" for Companies Offered Before Claims Process Delivers Results

To limit exposure to lawsuits and achieve "legal peace," German and other European companies are now asking the U.S. Government to support dismissal of any Holocaust-related lawsuits against them. This is being pursued even before a just, credible and accountable insurance claims process has been implemented. At the same time, German insurers are seeking more favorable claims standards than other ICHEIC members. In response, Congressional action on behalf of survivors' rights is becoming increasingly likely.

# **Background**

Since the end of World War II, thousands of insurance policies – today estimated by analysts to be worth billions of dollars – have laid hidden, unaccounted for and unpaid to their rightful owners, the survivors and heirs of victims of the Holocaust.

Life, property and other forms of insurance were a common asset in pre-war Europe. During the Holocaust, the Nazis and their accomplices seized vast amounts of Jewish property throughout Europe, including insurance policies. In Germany, Austria and occupied countries the authorities confiscated thousands of life policies and cashed them in with the cooperation of private insurers. In many other cases, policies simply lapsed when Jews and others were deported or died in ghettos and camps.

When claims were made after the war by some survivors or heirs, they were frequently denied. Companies established onerous burdens of proof, such as requirements for non-existent death certificates, or claimed the assets no longer existed due to the war or political changes after the war. Little or no effort was made by companies to seek out legal heirs of unclaimed policies. Some claimants endured repeated denials for over 50 years.

Early in 1997 a class action suit was filed on behalf of Holocaust survivors and their heirs charging that major European insurance companies refused to honor life insurance policies purchased prior to World War II by Jews and other victims of Nazi persecution. At the same time, advocates issued calls for European insurers to disclose information from their records, and to fulfill their obligations to Holocaust survivors and their families.

As part of the effort to restore justice to the victims of the Holocaust, the National Association of Insurance Commissioners (NAIC) formed a multi-state working group chaired by Washington State Insurance Commissioner Deborah Senn. The Working Group held hearings across the country to hear testimony by survivors and their families. At these sessions, public figures and private citizens alike called for a thorough accounting of insurance company actions during the Holocaust period and the honoring of valid life and property claims by survivors and their families. Many survivors brought actual pre-war policies to the hearings and provided evidence of past denials of claims by leading insurers in Europe.

These disclosures led to the creation of the International Commission on Holocaust-era Insurance Claims (ICHEIC) in August of 1998. The ICHEIC is a private, non-profit association established to resolve unpaid Holocaust-era insurance claims. Charter members include American and European insurance regulators, non-governmental Jewish organizations and five major European insurers: Allianz, Generali, AXA, Winterthur and Zurich, all of which have major stakes in the U.S. insurance market. ICHEIC is chaired by former Secretary of State Lawrence Eagleburger.

### **Status of ICHEIC Claims Process**

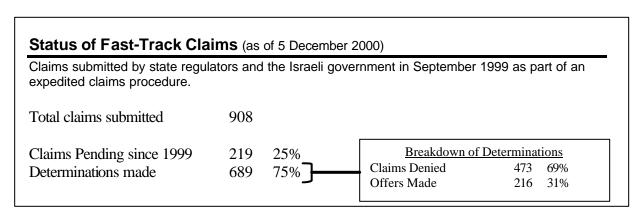
Since its founding, the ICHEIC has labored to develop a set of standards to evaluate claims, calculate the current value of policies, and oversee company compliance with the claims process. Although some real progress has been made, the results almost a year into the claims process have been disappointing. ICHEIC has not been able to agree on some basic issues including how to handle policies sold by German companies, the publication of Holocaust-era policyholder lists in the possession of companies, responsibilities of companies for all liabilities of their subsidiaries, the commencement of an appeals process, or how to account for non-life insurance claims.

There are two "tracks" to address claims against companies participating in the ICHEIC:

#### **FAST-TRACK CLAIMS**

The ICHEIC announced in June 1999 that it would process on an expedited basis well-documented claims already in the hands of U.S. regulators. Almost 1000 of these "fast-track" claims were submitted by regulators and the Israeli government by September 1999. With a few exceptions, these claims were for documented life policies with a known company.

The fast-track process has resulted in a high denial rate and a significant numbers of claims placed on hold due to the failure of ICHEIC to adopt procedures to handle and value claims against German companies.



- There is a 70% denial rate for processed claims.
- This high denial rate has triggered an internal ICHEIC analysis which identified systematic problems in how companies interpret ICHEIC rules & standards.
- 1 in 4 claims dating from 1999 are still not decided due to disputed issues.

#### MAIN TRACK CLAIMS

In February 2000, ICHEIC launched its two-year worldwide claims process, supported by an advertising campaign and toll-free information hotline in the U.S., Europe, Israel and other countries. To date, ICHEIC has received about 180,000 calls or requests for information. All applications must be filed with ICHEIC by February 15, 2002.

The processing of claims has proceeded slowly. After ten months, less than 1% of the claims have resulted in offers. Almost 60% of claims are being held up at the initial processing stage primarily because of disputes with companies.

Claims received worldwide since commencemen	nt of regular clain	ns process in February 2000		
Total insurance claims received worldwide	60219	Breakdown of Claims	s Distribu	ted_
In process	25%	Denials Offers made	1933 90	20% 1%
Distributed to insurers for investigation	16%	Still under investigation		79%
On hold - "awaiting issue resolution"	<b>5</b> 9%	Total	9,802	

- Denied claims so far outnumber offers more than 20 to 1.
- Over 80% of claims have not yet been distributed to companies for investigation.
- Claims "on hold" mostly reflect several disputed issues, the unresolved status of German policies, and claims against companies not willing to join ICHEIC.

### **WASHINGTON STATE CLAIMS**

Claimants	106
Potential policies	429
Status	
Under investigation by companies (45)	44%
Denied (5)	5%
Invalid (5)	5%
Incomplete/Still Processing (28)	27%
Non-ICHEIC company named (19)	19%

As a result of aggressive, ongoing outreach efforts, Washington State has collected and submitted to ICHEIC among the largest number of claims of all the states. A total of 738 potential claims will be submitted for processing and investigation by early 2001.

# The Disturbing Pattern of Rejections

In the ICHEIC process, the companies directly handle inquiries and make decisions on whether to accept or deny a claim. High denial rates so far result from companies reinterpreting ICHEIC's "relaxed standards of proof" that are supposed to be the basis of fair resolution of claims resulting from the unique circumstances of the Holocaust. It is also becoming apparent that in some cases companies are ignoring ICHEIC rules, placing the integrity of the claims process in jeopardy. Audits of company actions have not yet been completed and approved, casting further doubt on the validity of the process.

Independent evaluations and ICHEIC's own internal analysis of claims denials point out several problem areas that need immediate correction.

### "Previously Paid" Policies

Companies continue to deny documented claims because they assume the policies were "paid" out during the Nazi era. This assumption is based not on hard evidence found in company records but on the absence of any evidence to the contrary. Thus, the companies are reinterpreting "relaxed standards" to place the burden of proof on claimants, not the companies.

### Examples

- A documented claim submitted with an actual policy number was denied by the
  German insurer Allianz because it was not found in their "Reserve Register," a listing
  of what the company alleges to be all matured life policies that were not paid.
  Because it does not appear in the Reserve Register, Allianz concluded that the policy
  was cancelled or previously paid out. This policy likely does not appear on the
  Reserve Register because it was confiscated, paid out to the Nazis, and the file closed.
  The rightful owners never received any proceeds.
- Another policy was verified by Allianz but was denied based on the fact that there
  was a "partial payment" of the cash value in the late 1930s, and it didn't appear on the
  "Reserve Register" or another Register of policies in force in 1941. The timing
  indicates that the policy was likely cashed out under duress just prior to the war,
  placed in a Nazi-controlled "blocked account" and not available to the family trying
  to flee Germany.

In addition to this troubling standard of proof asserted by Allianz and others -- the absence of the policy in various "Registers" -- these kinds of denials appear to conflict with ICHEIC rules. On September 29, 2000, in a Decision Memorandum Chairman Eagleburger stated regarding confiscated policies: "Valid claims on confiscated policies should be compensated in full like any other valid claim."

And on blocked accounts, Eagleburger states, "Payments on blocked accounts should be handled under the general humanitarian section of the MOU [Memorandum of Understanding establishing the ICHEIC]."

### **Absence of Company Records**

Companies have frequently denied claims based on lack of evidence in their files verifying the existence of a policy, despite the fact that the claimant has documented the existence of a policy.

### Examples

- A policy issued by the Italian insurer RAS was verified by the company in 1947, including confirmation that the policy was confiscated during the war. The claim was denied then, and again in the past year, based on lack of evidence in the company's files "establishing a contractual relationship." In public testimony before the Washington State Insurance Commissioner in January 2000, a representative of Allianz, parent company of RAS, stated that files dealing with pre-war policies in the company's possession comprise just two filing cabinets.
- A claimant submitted documents showing an official Czech government declaration from 1945 listing a policy issued by the Italian insurer Generali, including details but no policy number. Generali has denied the claim based on an absence of records in their possession.

These denials may violate both the spirit and letter of "relaxed standards." Worse, such denials are issued inconsistently. In other recent decisions on ICHEIC claims, these same companies have made offers even in the absence of evidence in their files.

### Administrative Problems with ICHEIC Claims Process

Documented policies are being mishandled or rejected by ICHEIC's claims processor at the initial stages even before they reach the companies for investigation.

- Claimants have received summary denials without adequate explanation. In some cases, requests that ICHEIC document the basis for a denial have not been honored. Those who have received a denial have no recourse to appeal at present.
- Large numbers of claims have already been invalidated because the original
  policyholder is considered to be from a geographic area of Europe where private
  insurance was not historically sold or legally allowed, such as territories of the
  Former Soviet Union. Decisions on eligibility of these claims is based on historic
  maps whose accuracy has not been verified. At least one advisor to ICHEIC has
  suggested the maps are inaccurate, raising the possibility that an unknown number of
  claims are being wrongly invalidated.
- In addition, serious backlogs have plagued the claims process, resulting in many claims being lost, unacknowledged or delayed. As a result, justice is delayed further.
- Claimants who have received denials have not yet been informed of an official appeals process over a year after denials began to be issued.

### **Publication of Names**

The single most important way to ensure the claims process will work is through the publication of Holocaust-era policyholder names. Survivors emerged from camps and hiding places with nothing in their hands. For many families, only child survivors remained at war's end, and they lacked knowledge of family assets.

Today, many families with rightful insurance claims are simply unaware of the existence of a policy. Most potential claimants have no documentation. If comprehensive policyholder lists are not published, families will not know they have a claim.

# Publication of Holocaust-Era Policyholder Names on ICHEIC website (www.ICHEIC.org)

Companies	Names Reported in Company Possession	Names Published on ICHEIC Website
Allianz Lebens (and Vereinte Leben)	1.5 million policy files 148,000 "Large" policies	308
RAS (Reunione Adriatica di Sicurta)	unknown	1
AXA Colonia Nordstern (Germany) French companies	680,000 540,000	191 0
Generali	List of 90,000 policies in in force in Dec. 1937	8,740
Winterthur	Approx. 65,000 policies in force in 1940	4
Zurich Group	22,000	20
Other Sources		
Vienna State Archives		8,810
Dutch List (Dutch Sjoa Foundation)		759
Various German archives		21,279
Total Names currently on ICHEIC website		Approx. 40,000

Successful claims will rest in part on locating policy records in insurance company archives. Millions of such records exist, but insurers have objected to releasing their policyholder lists, raised privacy concerns or engaged in administrative delays to avoid publication. It serves the purposes of the insurers to resist publication of names which would inevitably expand the number of claimants. In short, if you suppress the names, you suppress the claims.

### What's Available on ICHEIC website (www.ICHEIC.org)

The public currently has access to a list of about 40,000 names on the ICHEIC website (see table on previous page). Three quarters of these come <u>not</u> from the companies but from public archives in Germany and Austria where ICHEIC investigators examined thousands of Nazi-era files, one by one, to discover policyholder names and details of confiscated policies. The companies have voluntarily provided to ICHEIC only 9200 names of "unpaid" policyholders they assert are verified Holocaust victims.

In addition, the public can access Holocaust-era lists acquired by the Washington State Insurance Commissioner and other sources that provide information about potential insurance claims:

# Lists Available on website of WA State Office of Insurance Commissioner (www.insurance.wa.gov)

- 2,301 names of policyholders from throughout Europe
- 17 French policyholders of Holocaust-era insurance policies with RAS
- 759 unclaimed insurance policies issued by Dutch insurance companies prior to WWII.
- 1,207 unpaid Holocaust-era policies of a British insurance company that did business in pre-World War II Poland.

# Lists Available on LivingHeirs website (www.livingheirs.com) - a joint project of Simon Wiesenthal Center, Risk International, Avotaynu, and Ancestry.com

- 2500 insurance policy records obtained in German archives
- 5000 confiscation files obtained in Italian archives
- 52,000 name index from confiscation files in Vienna State archives
- Additional German names can be researched for a service fee

# Publication of Names: An Essential Tool for the Public

An example of how publication of Holocaust-era policyholder lists can aid claimants who lack documentation, company name or other details of insurance policies.

# Step 1

Initial claim information submitted by son of Austrian policyholder. Claim based solely on recollection of insurance coverage.

Do you have any recollection of lude dowry insurance (common verage, life insurance, or types LIFEINSHRANCE, BA

- 1. What is the name of the Holocaust era victim/family?
- 1. Victor MAD HOR FIGHER
- 2 MOINTE AND BERTHA SCHALLINGER-2. What city did they live in and what was their address in Europe prior to
  - 1. WAShRINGERSTUNGS 200, VIENNA, AMERICA
  - 2. 3 Vienna Anglaia.
- 5. What is then sacress priority to a continuous according
- 1. Deceased
- Deceased
   Were those other relatives in that area at that time? Can you list any of them?

ERICH GOLDSTANE - IN 1. ( E. WILL) ENWARD PIECER

5. What was the family husiness/occupation?

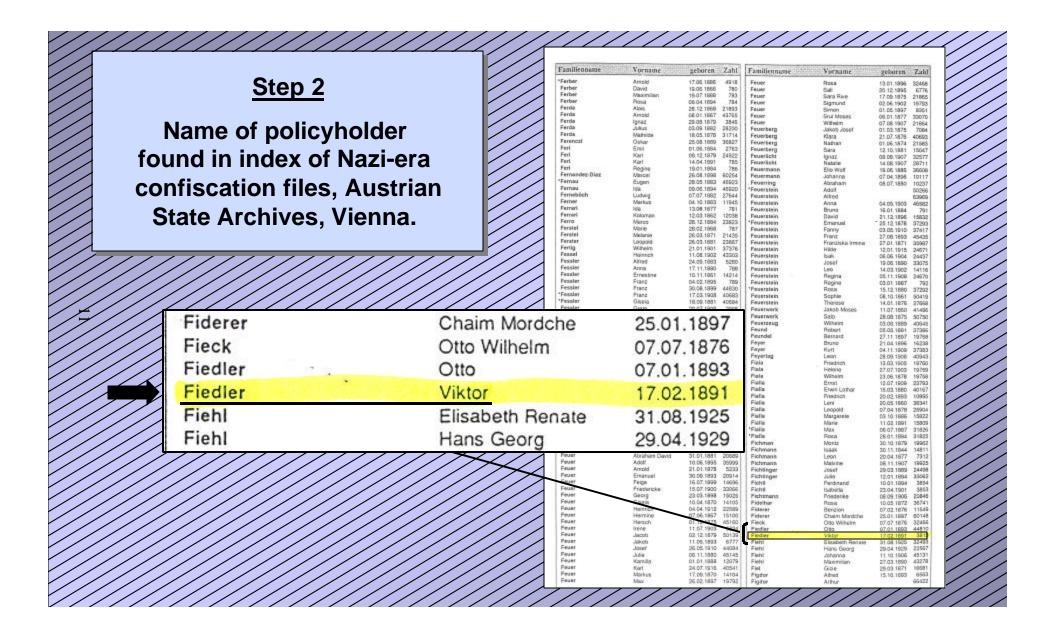
THILORING SUPPLIES

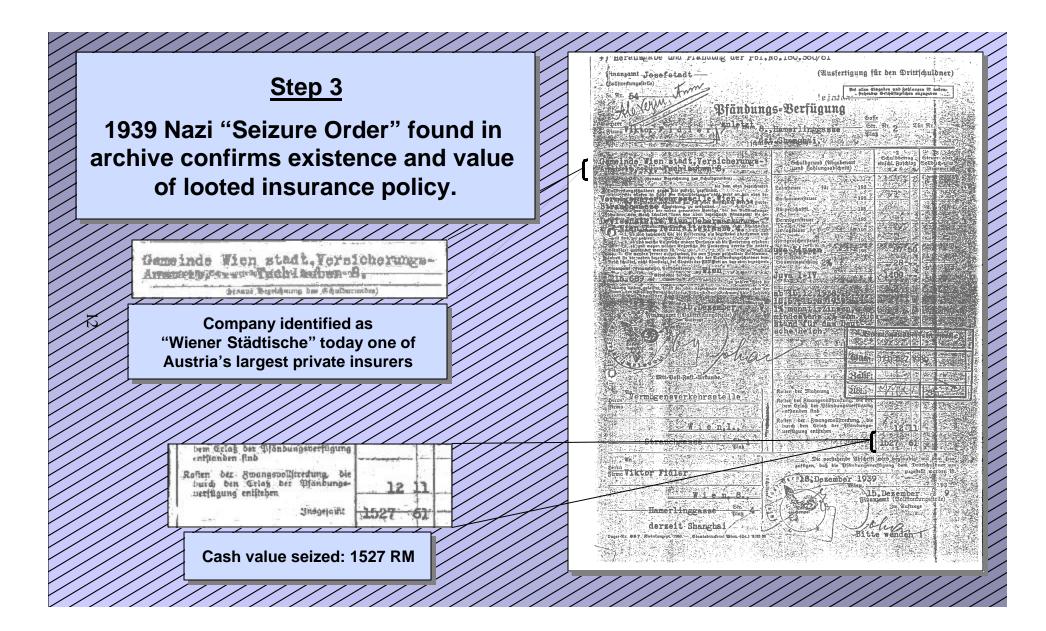
- 6. Where was the business located and do you know the address? 1. LANGE GASSE 63, VICAMA, History BRUEDER FYEDLER
- 2. Retired back employer
- 7. Do you have any recollection of insurance from that period? (Note: This might include dowry insurance (common among families with daughters), property coverage, life insurance, or types of business coverage):

LIFE INCHEAUGE, PONSICIONS WOURANIES

8. Do you or other family members remember the names of insurance companies from that era that you believe might have provided coverage?

9. Did you or another family member over file a claim in connection with this insurance coverage or make an inquiry with a specific company about this coverage? Which companies?





# **State Legislation**

Since 1998, several states have taken actions on behalf of survivors and heirs with unpaid insurance claims. State laws addressing this problem are summarized below:

### **Washington State**

The "Holocaust Victims Insurance Relief Act" was unanimously passed by the Legislature and signed into signed into law on April 15, 1999. Provisions of the law include:

- The establishment of a Holocaust Survivor Assistance Office to assist Holocaust survivors and/or the families and heirs of Holocaust victims recover proceeds from insurance policies and other assets that were improperly denied or processed;
- The creation of a Holocaust Insurance Company Registry containing company
  records of companies doing business in Washington State and their corporate parents
  relating to insurance policies and other pertinent information about victims of the
  Holocaust to determine if any of the carriers were involved in issuing or denying
  Holocaust-Era coverage thereby allowing their heirs, many of whom may not yet
  even be aware of this effort, to pursue potential claims;
- Extension until December 31, 2010 of the statute of limitations for insurance policies issued to Holocaust survivors and victims, enabling Holocaust survivors or victims' families to sue insurance companies for failure to address those claims.

### California

In 1998, California enacted a new law requiring the Department of Insurance to develop a comprehensive program to resolve the insurance claims of Holocaust victims, survivors and their heirs.

In 1999 the Holocaust Victim Insurance Relief Act was signed into law, requiring the State Insurance Commissioner to establish and maintain a registry regarding insurance policies issued in Europe to victims of the Holocaust during the Nazi period.

In April, 2000, on the eve of the registry provision taking effect, the law was challenged in federal court by specific affected insurers and the American Insurance Association. In a ruling in June 2000 in the Eastern District of California, an injunction was granted preventing enforcement of the statute. That decision has been appealed by the State and is currently being considered by the 9th Circuit.

### **Florida**

The "Holocaust Victims Insurance Act" passed the legislature unanimously and was signed into law in May 1998. The Act provides several forms of relief for Holocaust victims, survivors and their families, and imposes severe penalties on companies that refuse to produce information relating to outstanding World War II-era insurance claims or otherwise cooperate with the Department of Insurance.

After Florida Insurance Commissioner Bill Nelson issued subpoenas to 40 insurance companies not fully in compliance with state law, requiring them to turn over information about Holocaust survivors' policies, the statute was challenged in federal court in November 1999 by Gerling, a German insurer with affiliated businesses in the United States. A ruling of the court in November 2000 overturned the state law. An appeal by the state is being considered.

#### Minnesota

The "Holocaust Victims Insurance Relief Act of 2000" was signed into law in April of 2000. The law requires the state's Commissioner of Commerce to assist Holocaust victims, heirs or beneficiaries in recovering proceeds from improperly denied or processed Holocaust-related insurance policies. It also authorizes the commissioner to establish and maintain a central registry containing records and information relating to insurance policies of Holocaust victims.

#### **New York**

The Holocaust Victim's Insurance statute, signed into law in July 1998, requires all insurance companies licensed in New York State to supply the state superintendent of insurance with essential information, including:

- The approximate number and total value of all unpaid insurance policies that have been issued to Holocaust victims;
- Any attempts that have been made by the insurer over the years to locate beneficiaries of policies issued from 1920 to 1945 that might pertain to a Holocaust victim; the number of claims filed by Holocaust victims and whether or not payment was made on each of those claims.

### **Legal Peace**

Companies facing lawsuits or Holocaust-era claims – insurance companies, banks, industrial enterprises and other businesses – are currently seeking protection from legal actions and sanctions in the U.S. The achievement of "legal peace" for the companies entails agreements with some plaintiffs to voluntarily drop pending suits and/or gaining the active support of the U.S. government in dismissing other suits against them. Such a role by the government contesting current and future suits by Holocaust survivors and heirs raises troubling issues.

### **U.S. Statement of Interest**

As part of its commitments to support of the German Foundation "Remembrance, Responsibility and the Future", the U.S. Government signed an agreement with the German government in July 2000 concerning "legal peace." <sup>1</sup> A key element of the agreement is the promise by the U.S. Government to assist in achieving "adequate legal security for German enterprises" in the U.S.

Specifically, the U.S. pledges to file in all pending and future cases against German companies, including German insurers or their affiliates, a "Statement of Interest" seeking dismissal of lawsuits on any valid legal ground. This Statement would reflect the view that it would be in the foreign policy interests of the United States for the Foundation to be the exclusive forum and remedy for the resolution of all asserted claims against German companies arising from their involvement with the Nazi regime and WWII. While the Statement would recommend dismissal, it would be up to the courts to make a final determination.

Similar Statements of Interest are currently being sought by Italian insurer Generali, Swiss insurers Winterthur and Zurich, and France's AXA on the basis of their membership in the ICHEIC claims process, as well as Austrian insurers currently negotiating with the United States and other parties for a comprehensive settlement of Holocaust-related claims.

### **Actions by the U.S. in Support of Companies**

The U.S. government has recently submitted a Statement of Interest in support of the voluntary dismissal of several class action suits. It has also filed briefs in several cases seeking dismissal of suits against German companies. Among these is a brief against suits by former slave laborers, and one in support of insurers' suits against California's

<sup>&</sup>lt;sup>1</sup> The Foundation was created jointly by the German government and a consortium of leading German corporations to provide compensation to victims of Nazism, following extended negotiations with certain class action lawyers, non-governmental Jewish organizations, governments of Central and Eastern Europe, the U.S. and the State of Israel. Beginning in 2001, the Foundation plans to begin distribution of payments, through partner organizations, from a capital fund of DM 10 billion to qualified claimants, including individuals with Holocaust-era claims against German insurers. The German law establishing the Foundation pledges the payment of up to DM 300 million to the ICHEIC to compensate valid unpaid policies issued by German insurers or their affiliates, and an additional DM 350 million to ICHEIC's humanitarian funds.

Holocaust Victims Insurance Relief Act currently pending in the Ninth Circuit Court of Appeals (see page 13).

### **Congressional Concerns**

These government actions have triggered concerns among 46 Members of Congress, who wrote Chairman Eagleburger on September 29, 2000 to state their view that "companies should not be immunized without full accountability." On October 25, 2000 a bipartisan group of eight Members of the South Florida delegation wrote to Attorney General Reno:

We believe that congressional action will be required to ensure meaningful recovery of insurance policies for Holocaust victims and heirs if the Courts agree with [the Government's] position.... We are concerned that the Justice Department is enabling a non-transparent process controlled by insurance conglomerates with huge exposure and influence to become the *de facto* substitute for effective state regulation of insurance claims....

### Linkage with ICHEIC Delayed

Although the German Foundation agreement mandates linkage between the German insurers and ICHEIC, the form of that linkage is not specified and has not yet been established, almost six months after the agreement was signed at a Berlin ceremony. This linkage is of crucial importance in determining if meaningful policyholder lists are published, how fairly claims against German companies will be treated, and what standards will be followed in conducting company audits or an appeals process.

German companies are currently opposed to adopting existing ICHEIC standards and practices. This position has resulted in an admonition in July 2000 from Deputy Secretary of Treasury Stuart Eizenstat:

It is critically important that all German insurance companies cooperate with the process established by ... ICHEIC. This includes publishing lists of unpaid insurance policies and subjecting themselves to audit. Unless German insurance companies make these lists available through ICHEIC, potential claimants cannot know their eligibility and the insurance companies will have failed to assume their moral responsibility. (Emphasis added)

### **Legal Peace for German Insurers On Hold**

Based on agreements between parties to the German Foundation, lawyers representing survivors voluntarily sought to have their cases against German companies dismissed. In December 2000 Judge Michael Mukasey, Chief Judge of the U.S. District Court for the Southern District of New York ordered the dismissals. However, the judge explicitly recognized the need for German insurers to follow the same standards as other companies in resolving claims, allowing Nazi victims to restart their cases if the insurers do not quickly agree with ICHEIC on how to settle claims and publish policyholder names.

### Conclusion

Despite the promise of an international process providing just, speedy and fair payment of unpaid Holocaust-era insurance policies, survivors and heirs of victims are today not much closer to resolving their decades-old claims. Survivors are becoming increasingly angry and frustrated with this process.

The ICHEIC process – emerging after over a year of difficult negotiations – was officially launched in February 2000. In addition, a streamlined "fast-track" procedure for well-documented claims was initiated in the summer of 1999. The results so far have been disappointing.

- The deck is stacked against claimants, resulting in the overwhelming denial of claims, even those which are well-documented.
- Companies are reinterpreting or disregarding rules designed to provide "relaxed standards of proof" for the many claims that lack documentation due to the realities of WWII and the Holocaust.
- The companies have not cooperated enough in publishing comprehensive lists of their Holocaust-era policyholders.
- Dozens of members of Congress have now raised questions about the high rate of claims denials, lack of accountability in the process, and the U.S. government's support for granting of legal protection to the insurers against lawsuits and state regulatory action.

A just, speedy and fair claims process must be based on the following reasonable standards:

- All insurers must treat claims in a uniform manner and apply rules and procedures accurately and consistently.
- Claims which lack documentary support must be fairly evaluated.
- There must be an immediate release of comprehensive lists of unpaid policyholders, including those policies confiscated by the Nazis. Unless comprehensive lists of unpaid policyholders are released soon by the companies and brought into the light, this process cannot be called fair and accessible.
- "Legal Peace" should not be extended to companies -- either members or nonmembers of ICHEIC -- until fair claims procedures are fully implemented.
- The transparency of the ICHEIC process must be improved so the public understands how claims are handled and what standards the companies are being held to.